PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

red to respond to a collection of thic	initiation unless it displays a valid Civib control number
Application Number	09/891,481
Filing Date	06/26/2001
First Named Inventor	Narula
Title	Wound Covering Pad
Art Unit	3743
Examiner Name	C. T. Nguyen
Attorney Docket Number	ZL469/01001

I hereby appoint:						
Practitioners associated	with the Customer Number:			Number 25		
OR	L	 		- More of		
Practitioner(s) named be	low:			CEN 2004		
Name		Registration Number				
Joan L. Simunic			43,125			
				·········		
as my/our attorney(s) or agent(s) Trademark Office connected the	s) to prosecute the application identified erewith.	above, and to tran	nsact all busines	s in the United States Patent and		
Please recognize or change the	e correspondence address for the above	identified applicat	tion to:			
The address associate	ed with the above-mentioned Customer I	Number:				
OR						
The address associated with Customer Number:						
OR						
Firm or Individual Name	Joan L. Simunic					
Address	4719 Grand Dell Drive					
Address						
City	Crestwood	State M	ΚΥ	Zip 40014		
Country	USA (502) 222 5412	Fax In	n/a			
Telephone (502) 222-5413 Fax n/a I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
	SIGNATURE of Applican	nt or Assignee of	Record			
Name Dipak Narula		,				
Signature Dupar	1 Name		Telephone	(500) 050 0400		
Date May 28, 2004				(502) 259-9100		
forms if more than one signature is	rs or assignees of record of the entire interest required, see below.	or their representativ	ve(s) are required.	Submit multiple		
*Total of 2	forms are submitted.			j		

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 06S1-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	09/891,481	
Filing Date	06/26/2001	
First Named Inventor	Narula	
Title	Wound Covering Pad	
Art Unit	3743	
Examiner Name	C. T. Nguyen	
Attorney Docket Number	ZL469/01001	

Lhambu appoint				<u> </u>		
I hereby appoint:				→		
Practitioners associated	with the Customer Number:			· · · · · · · · · · · · · · · · · · ·		
OR					·/,	
Practitioner(s) named below:						
Name			Registration Number City 43,125			
Joan L. Simunic			43,125			
				1870		
as my/our attorney(s) or agent(s	s) to prosecute the application identified	d above, and to	ransact all busin	ess in the United States F	atent and	
Trademark Office connected the	erewith.					
Please recognize or change the	correspondence address for the above	e-identified appli	cation to:			
	ed with the above-mentioned Customer					
				_		
OR						
The address associated with Customer Number:						
OR						
Firm or Individual Name	Joan L. Simunic					
Address	4719 Grand Dell Drive					
Address		T 5: :		[7 :-]		
City	Crestwood	State	KY	Zip 40014		
Country	USA	Fax	7-4-			
Telephone	(502) 222-5413	rax	n/a			
l am the: Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name Vinod Narula						
Signature (MAYM)	<u>a :-</u>		1 +			
Date May 28, 2004			Telephon	e (502) 259-9100		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
*Total of 2	forms are submitted.					

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.